

Preview questionnaire: Gastric pacing / stimulation

For BCN AdvantageSM members
For Blue Cross Medicare Plus BlueSM PPO members

Gastric pacing / stimulation

Services must meet medical necessity criteria. Submit prior authorization requests through the e-referral system. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and the plan cannot authorize it, the plan will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable procedure codes: *43647, *43648, *43881, *43882, *64590, *64595

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See below for the questions you'll encounter for this procedure in the e-referral system.

- 1.*The Gastric Stimulation Questionnaire is required [Questionnaire Assessment](#).
- 2.Please attach any clinical information you would like BCBSM to consider for this request from the patients medical record up in the Case Communication field.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Gastric Stimulation

Answering the question(s) below will provide additional information needed to process your request.

Q Is this a gastric pacing request to treat morbid obesity?

A Possible answers: Yes No N/A

Q Is this a gastric electrical stimulation request for the treatment of gastroparesis?

A Possible answers: Yes No N/A

See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Is this a request for the Enterra Gastric Neuromstimulator system by Medtronic to treat gastroparesis?

A Possible answers: Yes No N/A

Q Does the patient have delayed gastric emptying identified by gastric scintigraphy?

A Possible answers: Yes No N/A

Q Does the patient have delayed gastric emptying by breath testing AND scintigraphy EITHER non-diagnostic or not feasible?

A Possible answers: Yes No N/A

Q Does the patient have more than 7 episodes of nausea and vomiting per week due to gastroparesis?

A Possible answers: Yes No N/A

Q Does the patient require enteral or parenteral nutrition due to gastroparesis?

A Possible answers: Yes No N/A

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See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Is the patient unable to achieve glycemic control due to gastroparesis?

A Possible answers: Yes No N/A

Q Does the patient have at least a 10% weight loss within 6 months due to gastroparesis?

A Possible answers: Yes No N/A

Q Did the patient have at least 2 visits to the Emergency department and/or hospital admissions due to gastroparesis within 1 year?

A Possible answers: Yes No N/A

Q Has a mechanical obstruction as the cause of the symptoms been ruled out by an upper gastrointestinal series or endoscopy?

A Possible answers: Yes No N/A

Q Is the patient taking medications (opiates, select diabetic medications, muscle relaxants, cyclosporine and anticholinergic agents) that contribute to gastroparesis?

A Possible answers: Yes No N/A

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See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Does the patient have continued symptoms or findings after dietary modifications for at least 6 months (for example, eating frequent, smaller sized meals; replacing solid foods with liquid nutritional supplements; adhering to a low fat, low fiber diet)?

A

Possible answers: Yes No N/A

Q Does the patient have continued symptoms or findings after treatment with antiemetics for at least 12 weeks?

A

Possible answers: Yes No N/A

Q Does the patient have continued symptoms or findings after treatment with medications to enhance gastric motility such as EITHER Metoclopramide or Erythromycin for at least 12 weeks?

A

Possible answers: Yes No N/A

Q Does the patient have a cardiac pacemaker, implantable cardioverter defibrillator or other neurostimulator?

A

Possible answers: Yes No N/A

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See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Does the patient have a history of gastric resection?

A Possible answers: Yes No N/A

Q Does the patient have a history of systemic motility disorder?

A Possible answers: Yes No N/A